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in a dose of one two-hundredth of a grain, provided the infant is of full size and development; on a premature or delicate infant this amount may produce toxic effects. Efforts to resuscitate the infant should not be discontinued as long as any apex beat of the heart is visible or can be detected by sound or touch.

FORCED WATER IN CONNECTION WITH THE PREPARATION OF A PATIENT FOR GYNÆCOLOGICAL OPERATION *

By LOUELLA B. WARREN

A PATIENT who is put on the list for gynæcological operation undergoes the following form of treatment for three days at least before the operation:

Forced water.
Diuretics.
Intestinal antiseptics.
Active catharsis.
Light diet.
Daily baths.

Forced Water.—A pitcher of water is placed at the bedside, the patient being urged to drink all she possibly can. The large amount of water taken into the system not only flushes the kidneys, but it lessens the thirst of the patient after operation.

Diuretics.—Lithia carbonate, ten grains three times a day, is given in connection with the water. It serves to get the kidneys, or first excretory organ, into good working order. Lithia carbonate sometimes nauseates, and in those cases potassium citrate, twenty grains four times a day, is given.

Intestinal Antiseptics.—Salol, five grains four times a day, is also given, and this, with active catharsis, serves to get the second excretory organ into good working order. Benzo-beta naphthol, ten grains, has been given as the intestinal antiseptic, but, on account of its tendency to nauseate, salol has been substituted.

Active Catharsis.—All gynæcological patients are supposed to have two movements daily. The operative cases are given some cathartic, generally solution salts, one ounce three times a day if necessary until

* Read and discussed in the Boston City Hospital Nurses' Club.

four or more movements result. The night before and on the morning of the operation a high enema is given, usually of

Solution salts,
Turpentine,
Glycerine, aa ʒi.

Light Diet.—The patient is kept on a light diet consisting of soups and broths only.

Baths.—Daily hot tub baths are given, getting the skin, or third excretory organ, into working order.

On the day before the operation, immediately after the bath, the patient is taken to the operating-room for the final preparation. She is prepared vaginally and abdominally.

Vaginal Preparation.—This is done after the shaving. The vagina is thoroughly sponged with tincture of green soap, then with corrosive, followed by a corrosive douche at 110° F. It is then packed with iodoform gauze and a corrosive pad applied. In the case of a hysterectomy, peroxide of hydrogen is used after the green soap, then corrosive, then a creoline douche at 110° F., iodoform packing, and corrosive pad.

Abdominal Preparation.—The abdomen and thighs are thoroughly scrubbed with tincture of green soap, followed by ether, permanganate of potassium, and oxalic acid. A large corrosive pad is then applied, with oiled paper and sheet wadding, the whole being held in place by a gauze bandage. Outside the gauze bandage a swathe is applied which envelopes the abdomen and thighs, holding the dressing securely and therefore necessitating but one preparation.

After Operation.—As soon as the patient is taken from the operating-table and placed in bed, a quart of normal salt solution is given by rectum. For three or four days after the operation one pint of salt solution is given by rectum every four hours, which is practically always absorbed, thereby giving the system water till the patient is able to drink freely. If stimulation is needed, it is added to the salt solution.

